



Housatonic Valley Health District

As-Built Drawing

LOCATION _____ TOWN _____ NEW

SYSTEM _____ REPAIR _____ INSTALLER _____

LICENSE # _____ (PRINT)

I hereby certify that the subsurface sewage disposal system described below conforms to the approved plan/proposal and conforms to all applicable Public Health Code requirements. The information provided is substantially correct.

SIGNATURE _____ DATE _____

Show: building, driveway, septic tank, pump chamber, sanitary system installed, reserve area, distribution boxes TANK

SIZE _____ GALLONS PUMP CHAMBER _____ GALLONS

POINT	1	2	3	4	5	6	7	8	9	10	11	12
Corner A												
Corner B												
Corner C												

All measurements from fixed locations.



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